

Carl Moyer Program Grant Disbursement Request Form

A. Amount of Funds Requested for this Disbursement	
1. Air District:	Grant number:
2. Disbursement request: <input type="checkbox"/> Initial <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
3. a. <input type="checkbox"/> The District's Policies and Procedures manual governing the Year 11 (2008-2009) cycle has received ARB approval, has been updated for the Year 12 (2009-2010) cycle, and is maintained at the District's office. - OR - b. <input type="checkbox"/> The District's Policies and Procedures manual governing the Year 12 (2009-2010) cycle has received written ARB approval.	
4. Administration Funds (note: all Administration provided in initial disbursement):	Amount Requested: \$
5. Project Funds	\$
6. Total Funds Requested	\$
Make Warrant Payable to District: <div style="text-align: right; margin-top: 10px;"> Contact Person: _____ Address Number & Street: _____ City, State, and Zip Code: _____ </div>	

B. Fill Out for Initial Disbursement
1. <input type="checkbox"/> All stipulations listed on the District's Carl Moyer Program Fiscal Year 2009-2010 (Year 12) Grant Award and Authorization form have been met. The total amount requested above (A.6) reflects:
2. a. <input type="checkbox"/> All administration funds and up to ten percent of my District's project funds, or \$200,000, whichever is greater. - OR - If more than this amount is requested b. <input type="checkbox"/> All administration funds (A.4) plus an amount for specific projects (A.5). <input type="checkbox"/> The District's most recent Yearly Report demonstrates on-time expenditures. <input type="checkbox"/> The project amount requested (A.5) is an amount equal to the specific eligible projects that the District intends to fund (attach a list of the projects and funding amounts.)

C. Fill Out for Subsequent Disbursements

(complete only for requests after initial disbursement)

1. Project funds requested above (A.5)

- ☐ The most recent Yearly Report demonstrates on-time expenditures.
- ☐ The project amount requested (A.5) is an amount equal to the specific eligible projects that the District intends to fund (attach a list of the projects and funding amounts.)

D. Certification

I certify to the best of my knowledge and belief that the information in this grant disbursement request is correct, complete, and in accordance with the terms of the grant. Funds received from this disbursement will be expended on projects fully approved per my District's Policies and Procedures manual. I hereby authorize the Air Resources Board to make any inquiries to confirm this information.

Signature of Authorized Program Official
(Air Pollution Control Officer, Executive Officer, or equivalent)

Name:

Title:

Date: